

July 18, 2017

NOTICE OF RULE DEVELOPMENT

DEPARTMENT OF CORRECTIONS

RULE NO.: 33-401.105

RULE TITLE: Refusal of Health Care Services

PURPOSE AND EFFECT: The Purpose of the amended rule is to update Form DC4-711A, Refusal of Health Care Services by adding a “reason for refusal” line and providing for a second witness when the inmate refuses medical treatment.

SUBJECT AREA TO BE ADDRESSED: Refusal of Health Care Services

RULEMAKING AUTHORITY: 944.09, 945.6034, F.S.

LAW IMPLEMENTED: 944.09, 766.103, 945.6034, F.S.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Gregory Hill, 501 South Calhoun Street, Tallahassee, Florida 32399.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

33-401.105 Refusal of Health Care Services.

(1) – (2)(d) No Changes.

(3) Documentation of refusal of treatment or procedure.

(a) If an inmate refuses an aspect of health care services other than medication, which is addressed in subsection (4), the inmate shall be required to sign Form DC4-711A, Refusal of Health Care Services. If the inmate refuses to sign the form, the notation “patient refuses to sign” will be entered and witnessed by two staff members. Form DC4-711A is hereby incorporated by reference. Copies of this form are available from the Forms Control Administrator, 501 S. Calhoun St., Tallahassee, FL 32399, <http://www.flrules.org/Gateway/reference.asp?No=XXXXXX Ref 02947>. The effective date of the form is 8-13-_____.

(3)(b) – (6) No Changes.

Rulemaking Authority 944.09, 945.6034 FS. Law Implemented 944.09, 766.103, 945.6034 FS. History–New 11-28-10, Amended 7-19-12, 8-6-13, _____.

